



APPLICATION FOR STREET CLOSURE

Applicant Name: _____ Date of Request: _____

Address: _____ Cell: _____ Email: _____

Street Closure Location: _____ Cross Street(s) _____

Date of Closure: _____ Times of Closure: _____ to: _____

Reason for Closure: _____

How many properties will be affected? Residences: _____ Businesses: _____ Estimated Attendance: _____

Will there be tables, inflatable play structures, games, etc. setup in the roadway? ☐ Yes ☐ No

Twelve (12) feet of access must be maintained through the closure for emergency vehicles at all times.

Will the City need to provide barricades? ☐ Yes ☐ No Number Requested (Max. 10): _____

Applicant will be required to pay for replacement costs for any damaged/lost barricades.

Barricades will be dropped off and picked up at one location.

Street Closure signs are not available through the City

No tables, jump houses, play equipment or structures blocking the roadway

INSTRUCTIONS: Closure of streets requires a petition signed by a majority of the properties affected in addition to approvals by the Police, Fire and Public Works Departments. For all applications, written notification ***MUST BE*** made to each affected property. If a signature is not obtained for an affected property, the applicant must attest that the affected property was notified of the application for closure in writing. For your convenience, a petition and form letter have been provided; make additional copies as necessary. The petition and attestation of notification must be submitted along with this application. There is a ***\$100 fee*** which must be submitted with the completed application. If the application is denied, the fee will be refunded. ***Completed applications must be submitted at least two (2) weeks in advance of the requested closure date. Return Original form to Belmont Public Works Department. Late applications will not be accepted.***

Applicant Signature: _____ Date: _____

***** (For Official Use Only) *****

Approved by:	Public Works Department:	_____	Date:	_____
	Police Department:	_____	Date:	_____
	(Watch Commander)	_____	Date:	_____
	Fire Department:	_____	Date:	_____

NOTIFICATIONS: A copy of the approved application will be sent to applicant and a copy to the DPW Traffic Operations Supervisor. E-mail notification is required to PD Traffic, PD Communications, PD Sergeants, PD Corporals and FD Fire Battalion Chiefs email lists.

Notifications made by: _____ Date: _____

Application for Street Closure – Notification Petition

An application for a street closure which may affect your property was made for the purpose of: _____ . The location of the street closure will be on (*street*) _____ on (*date*) _____ between the hours of _____ and _____. In order for an application for street closure to be deemed complete, a majority of the properties affected by the closure must sign a petition in favor of the closure. If you object or have concerns about the closure or application for closure, please let the applicant know and contact the Belmont Public Works Department (650-595-7425).

Instructions: Obtain signatures from affected property owners/residents. If you are unable to obtain a signature, you must provide written notification of the closure to the property owner/resident (same letter provided). For the properties which are provided written notification, check the notified box and provide the address. Make additional copies and attach them if necessary.

<i>Address of affected property</i>	<i>Print Name of Resident/Owner</i>	<i>Signature</i>	<i>Date</i>	<i>Notified by Letter</i>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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				<input type="checkbox"/>

I, the applicant, certify that I obtained the signatures noted above from the affected properties in my application for street closure. I further certify that I was unable to contact and/or obtain signatures from the properties noted above in the “Notified by Letter” column and those properties were provided written notification of the closure.

Applicant Signature: _____

Date: _____

Neighbor Notification Letter for Street Closure Application

Dear Neighbor,

An application for a street closure which may affect your property was made by (*name*)

_____. The closure was requested for the purpose of:

_____. The location of the

street closure is will be on (*street*) _____ on (*date*)

_____ between the hours of _____ and _____.

In order for the street closure application to be deemed complete, a majority of the properties affected by the closure must sign a petition in favor of the closure. If you would like to add your name to the petition in favor of the street closure application, please contact _____ by:

☐ Phone: _____

☐ E-Mail: _____

☐ Address: _____

If you object or have concerns about the application for closure, please let the applicant know and/or contact the Belmont Public Works Department (650-595-7425).

***** A copy of the letter provided to neighbors must be submitted with the application. *****